

AVPRIDE SELF-ASSESSMENT FORM

Staff Name:

Title:

Review period:

Supervisor Name:

This is a self-evaluative perspective of my performance. This evaluation includes but is not limited to my effectiveness in meeting contract deliverables, building strong relationships in the community, creating an awareness of the organization and the services it provides, and my perceived value of my contribution to the organization's mission.

Results achieved / strengths – List at least 5 accomplishments during review period and highlight skill(s) that contributed.

Development needs – List the areas that need attention in order to improve job performance and effectiveness.

Performance objectives – List short and long-term performance goals for next review period.

Action plan – List specific actions to address the development needs.

STAFF SIGNATURE

Name:

Completion Date:

SUPERVISOR SIGNATURE

Name:

Discussion Date: